

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034057

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8983

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY

c. CITY
OR
TOWN
St. Louis

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Homer G. Phillips

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS
2520 No. Garrison

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
Arthur

Middle

Last
Rue

4. DATE
OF
DEATH

Month

Day

Year

9 4 63

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☒ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3/9/1898

9. AGE (last birthday)
65

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Hannibal Mo

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME
Sherman Rue

13b. MOTHER'S MAIDEN NAME
Rosie Slater

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Caro Rue 2162 Farrar

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN
ONSET AND DEATH
Undet.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

491X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8-28-63** to **9-4-63** and last saw him live on **9-4-63**
Death occurred at **2:00 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
J. H. Whittier

(Degree or title)

22b. ADDRESS
2601 N. Whittier

22c. DATE SIGNED
9-5-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE
9-5-63

23c. NAME OF CEMETERY OR CREMATORY
Greenwood

23d. LOCATION (City, town, or county)
St. Louis Co Mo

(State)

24. FUNERAL DIRECTOR
Reliable Funeral Svc

ADDRESS
1389 N Union

25. DATE RECD. BY LOCAL REG.
SEP 6 1963

26. REGISTRAR'S SIGNATURE
Loan Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision. (See reverse side)

Student _____
Signature of Student Embalmer

Signed

James A. Dwyatt

Licensed Embalmer No. 4441

P. O. Address 1389 Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.